

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 APR -7 AM 5:52

DOCUMENT # P94000042188 (0)

1. Corporation Name

THE WAY OF THE WEST INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office of Corporation

6658 THIRD AVE NORTH
ST PETERSBURG FL 33710

2. Mailing Address

6658 THIRD AVE NORTH
ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

2. Principal Office of Corporation

21

State Apt # etc

2a. Mailing Address

26

State Apt # etc

23. City & State

23

27. City & State

27

24. Zip

25. Country

29. Zip

30. Country

24

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

3. Date of Report Due

06/01/1994

3a. Date of Last Report

4. FET Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Partner

Myron M. Dawes

82. Street Address

6658 3rd Ave N

83. City

St Petersburg

84. State

FL

85. Zip Code

33710

11. Pursuant to the provisions of Sections 607.05(2) and 607.1408, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to be in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Myron M. Dawes

Myron M. Dawes, Registered Agent, corporate registered agent, Tallahassee, Florida

03/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D
2. STREET ADDRESS	DAWES, MYRON M
3. CITY & STATE	6658 THIRD AVE NORTH
4. ZIP	ST PETERSBURG FL 33710
5. NAME	D
6. STREET ADDRESS	DAWES, BRENDA G
7. CITY & STATE	6658 THIRD AVE NORTH
8. ZIP	ST PETERSBURG FL 33710
9. NAME	
10. STREET ADDRESS	
11. CITY & STATE	
12. ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. ZIP	
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. ZIP	
21. NAME	
22. STREET ADDRESS	
23. CITY & STATE	
24. ZIP	
25. NAME	
26. STREET ADDRESS	
27. CITY & STATE	
28. ZIP	
29. NAME	
30. STREET ADDRESS	
31. CITY & STATE	
32. ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	
21. NAME	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. NAME	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY & STATE	
29. NAME	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Sections 199.03(2) Florida Statutes. I further certify that the information indicated on the Annual Report or Supplemental Annual Report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a duly authorized officer of the corporation or the member or authorized agent of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the F-101 filing report as an authorized agent with an address.

SIGNATURE:

Myron M. Dawes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/95 813-341-1712